## Case 16-38220 Doc 1 Filed 12/02/16 Entered 12/02/16 21:57:36 Desc Main Document Page 1 of 53

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Brin- iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport).  g your picture tification to your ting with the trustee.	Diane First name  Lee Middle name  Bronner  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years de your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer utification number	xxx-xx-9643	

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Debtor 1 Diane Lee Bronner

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		714 S. Ottawa Street Unit 4 Earlville, IL 60518				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		La Salle				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Case number (if known) Debtor 1 Diane Lee Bronner

Par	t 2: Tell the Court About	Your E	Bankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice Required b</i> of page 1 and check the appropri	y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy ate box.		
	choosing to file under	<b>■</b> C	Chapter 7					
			Chapter 11					
			Chapter 12					
			Chapter 13					
3.	How you will pay the fee	•	about how yo	the entire fee when I file my petition. Please check with the clerk's office in your local court for your may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's clour attorney is submitting your payment on your behalf, your attorney may pay with a credit card cald took				
				y the fee in ins ee in Installmen	tion, sign and attach the Application for Individuals to Pay			
			I request that but is not req applies to you	at my fee be water water water to, waive ur family size a	aived (You may request this opt your fee, and may do so only if nd you are unable to pay the fee	on only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out		
			the Application	on to Have the	Chapter / Filing Fee Waived (Of	ficial Form 103B) and file it with your petition.		
).	Have you filed for bankruptcy within the last 8 years?	■ N						
	last o years:	ш т,	es. District		When	Case number		
			District		When	Case number		
			District		When	Case number		
ΙΟ.	Are any bankruptcy	■ N	0					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	<b>9</b> S.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
 I1.	Do you rent your residence?	■ N	o. Go to I	ine 12.				
	residence:	□ Ye	es. Has yc	our landlord obt	ained an eviction judgment agai	nst you and do you want to stay in your residence?		
				No. Go to line	12.			
				Yes. Fill out Ir bankruptcy pe		n Judgment Against You (Form 101A) and file it with this		

Document Page 4 of 53 Case number (if known) Debtor 1 **Diane Lee Bronner** Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Diane Lee Bronner

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Diane Lee Bronner **Answer These Questions for Reporting Purposes** Part 6: Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **□** \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50,000 estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Diane Lee Bronner Signature of Debtor 2 Diane Lee Bronner Signature of Debtor 1 Executed on December 2, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Diane Lee Bronner Document Page 7 of 53 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Christina Banyon	Date	December 2, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Christina Banyon		
Printed name		
Banyon & Scheinbaum, LLC		
3077 West Jefferson Street		
Suite 107		
Joliet, IL 60435		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	cbanyon.law@gmail.com
6283282		
Bar number & State		

		DOGUIII	till Faut o Ul 35	
Fill in this infor	mation to identify your	case:		
Debtor 1	Diane Lee Bronn	er		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets If what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	1,750.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,750.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	41,710.00
	Your total liabilities	\$	41,710.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,424.90
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,406.92
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal,	family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,424.90

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

		Document	Page 10 of 53	
Fill in this infor	mation to identify your			
Debtor 1	Diane Lee Bronn	er		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS	
Case number _				☐ Check if this is an amended filing
Official Fo	rm 106A/B			
_	_	ortv		
	e A/B: Prop		If an area of file in more than are actions will be to the file in	12/15
hink it fits best. B	se as complete and accura e space is needed, attach	ate as possible. If two married peo	If an asset fits in more than one category, list t ple are filing together, both are equally respon the top of any additional pages, write your nar	sible for supplying correct
Part 1: Describe	Each Residence, Building	g, Land, or Other Real Estate You (	Own or Have an Interest In	
Do you own or l	have any legal or equitable	le interest in any residence, buildir	ng land or similar property?	
. Do you own or i	nave any legal of equitable	e interest in any residence, buildin	ig, land, or similar property:	
No. Go to Par	t 2.			
☐ Yes. Where i	s the property?			
Part 2: Describe	Your Vehicles			
			is, whether they are registered or not? Incl Executory Contracts and Unexpired Leases	
3. Cars, vans, tr	ucks, tractors, sport u	tility vehicles, motorcycles		
■ No				
☐ Yes				
•			hicles, other vehicles, and accessories snowmobiles, motorcycle accessories	
■ No				
☐ Yes				
			from Part 2, including any entries for	\$0.00
.pages you no	ave attached for Fart 2	. Write that number here		
Part 3: Describe	Your Personal and Hous	sehold Items		
		table interest in any of the follo	owing items?	Current value of the
				<ul><li>portion you own?</li><li>Do not deduct secured claims or exemptions.</li></ul>
6. Household go Examples: Ma ☐ No	oods and furnishings ajor appliances, furniture	e, linens, china, kitchenware		
Yes. Desc	ribe			
	Miss Ha	usehold Goods and Furnisl	nings of Debtor	\$950.00
	WIISC. MOI	usendiu Goods and Fuinisi	migs of Deptol	φου.υυ

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

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	ibles of value bles: Antiques and figurines; other collections, memo			oks, pictures, or other art objects; stamp, coin	or baseball card collections;
■ No □ Yes.	. Describe				
Examp.	nent for sports and hobbie oles: Sports, photographic, e musical instruments		other hobby equipment;	bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No □ Yes.	. Describe				
■ No	ms  pples: Pistols, rifles, shotgun  Describe	s, ammunitior	n, and related equipment		
□ No	pples: Everyday clothes, furs	, leather coat	s, designer wear, shoes	accessories	
■ Yes.	. Describe	al Head Cl	othing of Debtor		\$300.00
	reison	iai Useu Cit	Diffing of Debior		<del></del>
■ No		tume jewelry,	engagement rings, wed	ding rings, heirloom jewelry, watches, gems, ç	gold, silver
Exam ■ No	arm animals uples: Dogs, cats, birds, hors Describe	ees			
■ No	ther personal and househ  . Give specific information		u did not already list, i	ncluding any health aids you did not list	
	the dollar value of all of your arms and the state of the			ny entries for pages you have attached	\$1,250.00
	escribe Your Financial Assets				
Do you o	wn or have any legal or eq	uitable inter	est in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	pples: Money you have in yo			osit box, and on hand when you file your petiti	on
				Cash	\$100.00
			al accounts; certificates occunts with the same ins	of deposit; shares in credit unions, brokerage l titution, list each.	nouses, and other similar
Yes.			Institution r	ame:	

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Case number (if known)

Debtor 1 **Diane Lee Bronner** 

Pre Paid Mastercard \$400.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No  $\hfill \square$  Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

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Debtor 1	Diane Lee Bronner		Document	Page 13 of 53 Case number (if known)					
28. Tax re	funds owed to you								
■ No □ Yes.	■ No □ Yes. Give specific information about them, including whether you already filed the returns and the tax years								
Exam ■ No	29. Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement  ■ No  □ Yes. Give specific information								
Exam	amounts someone owes sples: Unpaid wages, disabil benefits; unpaid loans  Give specific information	ity insurance you made to		efits, sick pay, vacation pay, workers' compe	nsation, Social Security				
	sts in insurance policies ples: Health, disability, or lif	e insurance; ł	nealth savings account (	HSA); credit, homeowner's, or renter's insural	nce				
■ Yes.	Name the insurance compo	any of each p npany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:				
		ber Term L Cash Value	ife Insurance Policy		Unknown				
If you some No ☐ Yes.	<ul> <li>32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No □ Yes. Give specific information </li> <li>33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment</li> </ul>								
■ No	ples: Accidents, employments.  Describe each claim	•	ouranio dianno, or rigina						
■ No	contingent and unliquidat		every nature, including	g counterclaims of the debtor and rights to	o set off claims				
■ No	35. Any financial assets you did not already list  ■ No  □ Yes. Give specific information								
				ny entries for pages you have attached	\$500.00				
Part 5: De	escribe Any Business-Related	l Property You	Own or Have an Interest	n. List any real estate in Part 1.					
37. <b>Do you</b>	own or have any legal or equ	itable interest	in any business-related p	roperty?					
_	o to Part 6. Go to line 38.								
	escribe Any Farm- and Comm you own or have an interest in fa			n or Have an Interest In.					
46 Do you	u own or have any local o	r oquitable in	storoet in any farm- or a	commercial fishing-related property?					

Official Form 106A/B Schedule A/B: Property page 4

No. Go to Part 7.

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Case number (if known) Document Debtor 1 **Diane Lee Bronner** ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$0.00 57. Part 3: Total personal and household items, line 15 \$1,250.00 Part 4: Total financial assets, line 36 58. \$500.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$1,750.00 \$1,750.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$1,750.00

Official Form 106A/B Schedule A/B: Property page 5

Case 16-38220

Doc 1

Filed 12/02/16

Desc Main

Fill in this infor	mation to identify your	case:		
Debtor 1	Diane Lee Bronn	er		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Ide	entify the	Property You	u Claim as	Exempt
-------------	------------	--------------	------------	--------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Misc. Household Goods and Furnishings of Debtor	\$950.00		\$950.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Personal Used Clothing of Debtor Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
Line Holli Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
Ellie IIIIII Genedale 745. 19.1			100% of fair market value, up to any applicable statutory limit	
Pre Paid Mastercard Line from Schedule A/B: 17.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
Line Horr Schedule A/B. 17.1			100% of fair market value, up to any applicable statutory limit	
Gerber Term Life Insurance Policy No Cash Value	Unknown		\$0.00	735 ILCS 5/12-1001(f)
Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Diane Lee Bronner

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

			1 11111 11 11 11	
Fill in this infor	mation to identify your	case:		
Debtor 1	Diane Lee Bronn	er		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if th
				amended t

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

· ·	430 10 00220 1	Document	Page 18 of 53	SSO MAIN
Fill in this info	rmation to identify your			
Debtor 1	Diane Lee Bronne	ar .		
DODIOI 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT OF	FILLINOIS	
Case number				
(if known)				Check if this is an
				amended filing
Official For	m 106E/E			
Official For		ho Have Unsecur	ad Claims	12/15
			CRITY claims and Part 2 for creditors with NONPRIORITY c	
Schedule G: Exect Schedule D: Crect eft. Attach the Contains and case n	cutory Contracts and Unexp litors Who Have Claims Sec ontinuation Page to this pag umber (if known).	ired Leases (Official Form 106 ured by Property. If more spac le. If you have no information t	Iso list executory contracts on Schedule A/B: Property (Off G). Do not include any creditors with partially secured clair e is needed, copy the Part you need, fill it out, number the o report in a Part, do not file that Part. On the top of any ad	ns that are listed in entries in the boxes on the
	All of Your PRIORITY Un			
_ ′	itors have priority unsecure	d claims against you?		
No. Go to	Part 2.			
☐ Yes.				
Part 2: List	All of Your NONPRIORIT	Y Unsecured Claims		
3. Do any cred	itors have nonpriority unsec	cured claims against you?		
☐ No. You h	nave nothing to report in this p	art. Submit this form to the court	with your other schedules.	
Yes.				
unsecured cl	aim, list the creditor separately	y for each claim. For each claim I	of the creditor who holds each claim. If a creditor has more the listed, identify what type of claim it is. Do not list claims already you have more than three nonpriority unsecured claims fill out the second control of the credit of the cr	included in Part 1. If more
				Total claim
4.1 Alden	of Waterford, LLC	Last 4 digits of	f account number	\$12,397.00
•	rity Creditor's Name	When we the		
_	Randi Drive a, IL 60504	When was the	debt incurred?	
	Street City State Zlp Code	As of the date	you file, the claim is: Check all that apply	
Who inc	curred the debt? Check one.			
■ Debt	or 1 only	☐ Contingent		
☐ Debt	or 2 only	☐ Unliquidated	I	
☐ Debt	or 1 and Debtor 2 only	☐ Disputed		
☐ At le	ast one of the debtors and and	other Type of NONPF	RIORITY unsecured claim:	
	ck if this claim is for a comr			
debt	aim subject to offset?	Obligations a	arising out of a separation agreement or divorce that you did no	t
■ No	a subject to onset:		nsion or profit-sharing plans, and other similar debts	
■ No		•		
<b>□</b> Yes		Other. Speci	ify wedical Debt	

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Debtor 1 Diane Lee Bronner Case number (if know) 4.2 **AMCA** Last 4 digits of account number 7699 \$155.00 Nonpriority Creditor's Name PO Box 1235 When was the debt incurred? Elmsford, NY 10523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection 4.3 **ATG Credit** Last 4 digits of account number 8122 \$23.00 Nonpriority Creditor's Name PO Box 14895 When was the debt incurred? Chicago, IL 60614 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collection Other, Specify 4.4 **Blitt & Gaines** Last 4 digits of account number M339 \$14,526.00 Nonpriority Creditor's Name When was the debt incurred? 661 Glenn Avenue Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Collection for Pioneer State Bank

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Debtor 1 Diane Lee Bronner Case number (if know) 4.5 **Consumer Portfolio Service** Last 4 digits of account number Unknown Nonpriority Creditor's Name PO Box 57071 When was the debt incurred? Irvine, CA 92619 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 **Empact Emergency Physicians** Last 4 digits of account number 3772 \$106.00 Nonpriority Creditor's Name **PO Box 366** When was the debt incurred? Hinsdale, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Debt** Other. Specify 4.7 **Frontier** Last 4 digits of account number 3251 \$634.00 Nonpriority Creditor's Name PO Box 20550 When was the debt incurred? Rochester, NY 14602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection ☐ Yes

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Debtor 1 Diane Lee Bronner Case number (if know) 4.8 Frontier Last 4 digits of account number 8145 \$634.00 Nonpriority Creditor's Name PO Box 20550 When was the debt incurred? Rochester, NY 14602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Utility 4.9 **Guardian Anesthesia** Last 4 digits of account number 6403 \$151.00 Nonpriority Creditor's Name PO Box 95369 When was the debt incurred? Chicago, IL 60694 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.1 **IC System** 9671 \$201.00 Last 4 digits of account number Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? PO Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes

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Diane Lee Bronner	Case number (if know)	
Marianjoy Mediccal Group	Last 4 digits of account number 4674	\$41.00
Nonpriority Creditor's Name PO Box 83166	When was the debt incurred?	
Chicago, IL 60691		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical Debt	
OSF St. Paul Medical Center	Last 4 digits of account number 7222	\$227.00
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ227.00
1401 E. 12th Street	When was the debt incurred?	
Mendota, IL 61342		
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical Debt	
Dethology Acces of Aurers	2040	\$68.00
Pathology Assoc. of Aurora  Nonpriority Creditor's Name	Last 4 digits of account number 3818	JU.00¢
5700 Southwyck Blvd Toledo, OH 43614	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify Medical Debt	

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Deb	or 1 Diane Lee Bronner	Case number (if know)	
4.1 4	Quest Diagnostics	Last 4 digits of account number 6843	\$243.00
	Nonpriority Creditor's Name PO Box 740397	When was the debt incurred?	
	Cincinnati, OH 45274		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
	•	☐ Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Debt	
4.1	Ouast Diagnostics	7624	¢45.00
5	Quest Diagnostics Nonpriority Creditor's Name	Last 4 digits of account number 7631	\$15.00
	PO Box 740397	When was the debt incurred?	
	Cincinnati, OH 45274		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical Debt	
4.1			
6	Ridge Ambulance	Last 4 digits of account number 4090	\$62.00
	Nonpriority Creditor's Name  1851 Aucutt Road	When was the debt incurred?	
	Montgomery, IL 60538		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	No		
	Yes	■ Other. Specify Medical	

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Case number (if know)

Debioi	Diane Lee Bronner	Case Humber (II know)	
4.1	Rush Copley	Last 4 digits of account number 3242	\$363.00
	Nonpriority Creditor's Name Patient Financial Services PO Box 129	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you d	id not
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.1	Rush Copley Nonpriority Creditor's Name	Last 4 digits of account number 7595	\$262.00
	Patient Financial Services 2000 Ogden Avenue	When was the debt incurred?	
	Aurora, IL 60507  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you d	id not
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.1	Rush Copley  Nonpriority Creditor's Name	Last 4 digits of account number	\$179.00
	Patient Financial Services 2000 Ogden Avenue	When was the debt incurred?	
	Aurora, IL 60507  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you d report as priority claims	id not
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other, Specify Medical Debt	

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Case number (if know)

Debtor	1 Diane Lee Bronner	Case number (if know)	
4.2	Rush Copley	Last 4 digits of account number 1587	\$92.00
0	Nonpriority Creditor's Name Patient Financial Services	When was the debt incurred?	Ψ32.00
	2000 Ogden Avenue Aurora, IL 60507  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Debt	
4.2	Rush Copley	Last 4 digits of account number 7070	\$94.00
	Nonpriority Creditor's Name Patient Financial Services 2000 Ogden Avenue	When was the debt incurred?	
	Aurora, IL 60507  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Debt	
4.2	Rush Copley Medical Center  Nonpriority Creditor's Name	Last 4 digits of account number 9203	\$849.00
	ATTN: Business Office 2000 Ogden Avenue	When was the debt incurred?	
	Aurora, IL 60504  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other Specify Medical Debt	

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Debtor 1 Diane Lee Bronner Case number (if know) 4.2 **Rush Copley Medical Center** 4646 \$1,288.00 Last 4 digits of account number 3 Nonpriority Creditor's Name When was the debt incurred? PO Box 352 Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes 4.2 **Rush Copley Medical Center** 952 \$951.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 2091 When was the debt incurred? Aurora, IL 60507 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes 4.2 **Rush Copley Medical Center** 8815 \$1.663.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 2091 When was the debt incurred? Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Debt** Other. Specify

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Debit	Diane Lee Bronner		
4.2 6	Thomas Chase	Last 4 digits of account number M863	\$4,194.00
	Nonpriority Creditor's Name 574 N. McLean Blvd 2b	When was the debt incurred?	
	Elgin, IL 60123  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection for Joe Cernugel	
4.2	Valley Imaging	Last 4 digits of account number 9837	\$20.00
	Nonpriority Creditor's Name PO Box 371863 Pittsburgh, PA 15250	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
4.2 8	White, Marsh, Anderson, Martin	Last 4 digits of account number	\$2,272.00
	Nonpriority Creditor's Name 511 East Etna Road Ottawa, IL 61350	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
		_	
	☐ Yes	Other. Specify	

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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Debtor 1 Diane Lee Bronner

Case number (if know)

Morelli & Raval	
403 West Galena Bl	vc
Aurora, IL 60506	

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Tatal	6f.	Student loans	6f.	\$	Total Claim 0.00
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ *	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	41,710.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	41,710.00

			III FAU <del>C</del> 23 UI JJ	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Diane Lee Bronn	er		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Ch
				am

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3			Oldio	2.11 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5	·				
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>

		Docume	ent Page 30 d	of 53
Fill in this	information to identify you	r case:		
Debtor 1	Diane Lee Bronn	ner .		
Dobto: 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filin	ng) First Name	Middle Name	Last Name	
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case numb	ner			
(if known)				☐ Check if this is an
				amended filing
Sched Codebtors Deople are	filing together, both are eq	are also liable for any deb ually responsible for supp	lying correct informa	12/15 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write
	and case number (if knowr			o this page. On the top of any Additional Lages, write
1. Do y	you have any codebtors? (I	f you are filing a joint case,	do not list either spouse	as a codebtor.
■ No				
☐ Yes				
Arizona  No.	Go to line 3.  Did your spouse, former spo	a, Nevada, New Mexico, Pu	erto Rico, Texas, Wash	ry? (Community property states and territories include ington, and Wisconsin.)
in line Form 1 out Co	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 06G). Use Schedule D, Schedule E/F, or Schedule G to fil  **Column 2: The creditor to whom you owe the debt*
	Name, Number, Street, City, State and	ZIP Code		Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			☐ Schedule E/F, line
				☐ Schedule G, line
-	Number Street			
	Number Street City	State	ZIP Code	
3.2	Name -			Schedule D, line
ı	Name			Schedule E/F, line
				☐ Schedule G, line
1	Number Street			_
(	City	State	ZIP Code	

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Fill	in this information to	identify your ca	se.				Ī					
		Diane Lee Br										
	otor 2 use, if filing)											
Uni	ted States Bankruptc	y Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		_						
(If kn	se number	1001					□ A		nt showi	ing postpetition		
	fficial Form ´ chedule I: Y						M	IM / DD/ Y	YYY			
Be a supp sportate	is complete and acc plying correct inforr use. If you are sepa ch a separate sheet	curate as poss mation. If you a rated and you	ible. If two married peo are married and not filin spouse is not filing with on the top of any addition	ng jointly, and you th you, do not incl	r spouse is ude inforn	s liv nati	ing with on about	you, inclu your spo	de infoi use. If n	rmation abou nore space is	t your needed,	
1.	Fill in your employ information.	ment		Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional		Employment status	☐ Employed  ■ Not employed				☐ Employed ☐ Not employed				
	employers.	employers.  Include part-time, seasonal, or										
	self-employed work		Employer's name									
	Occupation may incor homemaker, if it		Employer's address									
			How long employed th	nere?								
Par	Give Deta	ils About Mon	thly Income									
<b>Esti</b> spou	mate monthly inconuse unless you are se	ne as of the da parated.	te you file this form. If y	ou have nothing to	report for a	any	line, write	\$0 in the	space. Ir	nclude your no	on-filing	
,	u or your non-filing sp e space, attach a sep		re than one employer, co his form.	mbine the informati	on for all e	mpl	oyers for	that persor	on the	lines below. If	you need	
							For Dek	otor 1		ebtor 2 or iling spouse		
2.			y, and commissions (be alculate what the monthly		2.	\$		0.00	\$	N/A	_	
3.	Estimate and list r	monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	_	
4.	Calculate gross In	come. Add lin	e 2 + line 3.		4.	\$		0.00	\$_	N/A		

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Deb	tor 1	Diane Lee Bronner	-	C	Case nu	umber (if ki	nown)				
	Cor	by line 4 here	4.		For D	ebtor 1	0.00		Debtor -filing s		
_	·						<u></u>			14/7	<u>.</u>
5.		all payroll deductions:	-		Φ.			•			
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a 5b		\$		0.00	\$ \$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$-		N/A	
	5e.	Insurance	5e	<b>.</b>	\$		0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	(	0.00	\$		N/A	<u></u>
	5g.	Union dues	5g		\$		0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h	1.+	\$	(	0.00	+ \$		N/A	<u>\</u>
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	(	0.00	\$		N/A	<u>\</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(	0.00	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	۱.	\$		0.00	\$		N/A	A.
	8b.	Interest and dividends	8b	).	\$	(	0.00	\$		N/A	<u>\</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$		0.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$		0.00	\$		N/A	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e	<del>)</del> .	\$	1,424	4.90	\$		N/A	<u>\</u>
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$		0.00	\$		N/A	_
	8g.	Pension or retirement income	8g		\$		0.00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$		0.00	+ \$		N/A	<u>\</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	1,424	4.90	\$		N/	<b>'</b> A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1	424.90	+ \$		N/A	= \$	1,424.90
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	١,	424.30	ĬŢĬŮ⁻		IN/A	- Ψ -	1,424.90
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:	depe						Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reserve that amount on the Summary of Schedules and Statistical Summary of Certainlies							12.	\$	1,424.90
13.	Do	you expect an increase or decrease within the year after you file this form	?						·	Comb month	ined ily income
		No.									1

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Fill	in this information to identify your o	case:				
Deb	otor 1 Diane Lee Bron	ner		Che	ck if this is:	
	otor 2			_	An amended filing A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: _N	NORTHERN DISTRICT OF ILLING	DIS	-	MM / DD / YYYY	
1	se number known)					
0	fficial Form 106J					
S	chedule J: Your Ex	penses				12/15
info	as complete and accurate as po ormation. If more space is neede mber (if known). Answer every q	d, attach another sheet to this f				
Par	rt 1: Describe Your Househol	d				
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a ☐ No	separate household?  e Official Form 106J-2, Expenses	for Separate Househ	old of Deb	tor 2.	
2.		No	•			
		Yes. Fill out this information for each dependent	Dependent's relatio Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the dependents names.					☐ No ☐ Yes ☐ No
3.	Do your expenses include expenses of people other than yourself and your dependents'	? □ Yes				☐ Yes
Est	tt 2: Estimate Your Ongoing I timate your expenses as of your penses as of a date after the band plicable date.	bankruptcy filing date unless yo	ou are using this for lemental <i>Schedule</i> .	m as a su <i>I</i> , check th	applement in a Cha ne box at the top of	pter 13 case to report f the form and fill in the
the	clude expenses paid for with non- e value of such assistance and ha fficial Form 106I.)				Your expe	enses
4.	The rental or home ownership payments and any rent for the gr	expenses for your residence. In ound or lot.	nclude first mortgage	4. \$	S	550.00
	If not included in line 4:					
	<ul> <li>4a. Real estate taxes</li> <li>4b. Property, homeowner's, or</li> <li>4c. Home maintenance, repair</li> <li>4d. Homeowner's association</li> </ul>	, and upkeep expenses		4a. \$ 4b. \$ 4c. \$ 4d. \$		0.00 0.00 0.00 0.00
5.	Additional mortgage payments	for vour residence, such as hor	ne equity loans	5. 9		0.00

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Debtor	1 Diane Lee Bronne	<u> </u>	_ Case num	nber (if known)	
6. <b>Ut</b>	ilities:				
6. <b>6</b> 1		ral gas	6a.	\$	120.00
6b	•	•	6b.	· ·	0.00
6c	, , ,	e, Internet, satellite, and cable services	6c.	·	0.00
6d		-,,,	6d.		0.00
	ood and housekeeping s	unnlies	7.	·	500.00
	nildcare and children's	• •	8.	· -	0.00
_	othing, laundry, and dry		9.		20.00
	ersonal care products a	_	10.	·	0.00
	edical and dental expen		10.	· -	
	•		11.	Ψ	0.00
	o not include car payment	s, maintenance, bus or train fare.	12.	. \$	100.00
		eation, newspapers, magazines, and books	13.	· <u> </u>	0.00
		and religious donations	14.	·	0.00
	surance.	ind religious dollations	14.	Ψ	0.00
		educted from your pay or included in lines 4 or 20	)		
	a. Life insurance	ducted from your pay of included in lines 4 of 20	15a.	. \$	62.92
	b. Health insurance		15b.	·	0.00
_	c. Vehicle insurance		15c.		54.00
_	d. Other insurance. Spe	cify:	15d.	· -	0.00
	•	s deducted from your pay or included in lines 4 or		Ψ	0.00
	ecify:	s deducted from your pay or included in lines 4 or	16.	\$	0.00
	stallment or lease paym a. Car payments for Vel		 17a.	•	0.00
				·	0.00
	b. Car payments for Vel	nicle 2	17b.	·	0.00
	c. Other. Specify:		17c.		0.00
	d. Other. Specify:		17d.	\$	0.00
		y, maintenance, and support that you did not in line 5, <i>Schedule I, Your Income</i> (Official For		\$	0.00
		e to support others who do not live with you.	,	\$	0.00
Sp	ecify:		19.		
). Ot	her real property expen	ses not included in lines 4 or 5 of this form of	on Schedule I: Yo	our Income.	
20	a. Mortgages on other p	roperty	20a.	\$	0.00
20	<ul> <li>b. Real estate taxes</li> </ul>		20b.	\$	0.00
20	c. Property, homeowne	r's, or renter's insurance	20c.	\$	0.00
20	d. Maintenance, repair,	and upkeep expenses	20d.	\$	0.00
		ation or condominium dues	20e.	\$	0.00
1. <b>O</b> t	her: Specify:		21.	+\$	0.00
	alculate your monthly ex				
	a. Add lines 4 through 21	•		\$	1,406.92
	•	expenses for Debtor 2), if any, from Official Form	106.I-2	\$	1,700.32
			1 1000-2	l :———	4 400 00
22	c. Add line 22a and 22b.	The result is your monthly expenses.		\$	1,406.92
	alculate your monthly no		_		
		embined monthly income) from Schedule I.	23a.		1,424.90
23	b. Copy your monthly ex	xpenses from line 22c above.	23b.	-\$	1,406.92
23		y expenses from your monthly income.	_		47.00
	The result is your mo	nthly net income.	23c.	\$	17.98
		e or decrease in your expenses within the yea	•		
	r example, do you expect to bodification to the terms of you	finish paying for your car loan within the year or do you r mortgage?	expect your mortgage	payment to increa	ase or decrease because of
	No.	- · · · · · · · · · · · · · · · · · · ·			
	Yes Explain h	are.			
1 1	TES EXPIDITION	JIV.			

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Fill in this infor	mation to identify your	2250:			
Debtor 1	Diane Lee Bronne	Middle Name	Last Name		
Debtor 2	i list ivallie	Wildle Name	Lastivame		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an amended filing
Official For		ın Individual	Debtor's So	shadulas	12/15
<del>Dooral al</del>	tion / toodt c	IIIaiviaaai	<b>D</b> 00101 0 00	<del>Jiiodaioo</del>	12/13
years, or both. 1	n Below		cruptcy case can result	in fines up to \$250,000, or im	prisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				Petition Preparer's Notice, gnature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules file	ed with this declaration and	
X /s/ Dia	ne Lee Bronner		X		
	Lee Bronner		Signature of	f Debtor 2	
	ure of Debtor 1		-		
Date	December 2, 2016		Date		

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Fill i	n this in	formation to identify you	ır case:					
Debt	or 1	Diane Lee Bron	ner					
		First Name	Middle Name		Last Name			
Debt (Spou	or 2 se if, filing)	First Name	Middle Name		Last Name			
l loite	d Ctata	Donkruntou Court for the	NORTHERN DISTRICT		IOIS			
Unite	eu States	Bankruptcy Court for the:	NORTHERN DISTRICT	I OF ILLIN	1013			
	numbe	r						
(if kno	wn)						_	heck if this is an mended filing
							ai	mended ming
~"		- 407						
		Form 107						
Sta	teme	ent of Financial	Affairs for Indiv	iduals	Filing for B	ankruptcy		4/10
			ible. If two married people					
		If more space is needed nown). Answer every que	, attach a separate sheet t	o this for	m. On the top of any	y additional page	s, write you	r name and case
Hullik	Jei (ii kii	iowii). Aliswei evely que	stion.					
Part	1: Gi	ve Details About Your M	arital Status and Where Yo	ou Lived	Before			
1. \	What is	your current marital state	us?					
	□ Mor	riod						
	⊔ Mar ■ Not	married						
	NOI	mameu						
2. I	During t	he last 3 years, have you	lived anywhere other tha	n where y	ou live now?			
	No							
	_	. List all of the places you	lived in the last 3 years. Do	not includ	e where vou live now	<i>ı</i> .		
	D-1:1	4 Bolon Address	Patra Palitan	4	Paktan O Balan Aul			Datas Dalitano
	Deptor	1 Prior Address:	Dates Debtor lived there	1	Debtor 2 Prior Ad	aress:		Dates Debtor 2 lived there
	A/:41=:== 41	last 0 did		!		:		2 (0
			<b>ver live with a spouse or l</b> alifornia, Idaho, Louisiana, N					
-	_				•		·	,
	No							
	☐ Yes	. Make sure you fill out Sc	hedule H: Your Codebtors (	Official Fo	orm 106H).			
Part	2 Ex	plain the Sources of You	ur Income					
		•						
			mployment or from operat				vious calen	ndar years?
			ou received from all jobs and I have income that you rece					
-	_		·	-	•			
	No							
	⊔ Yes	. Fill in the details.						
			Debtor 1			Debtor 2		
			Sources of income		ss income	Sources of inc		Gross income
			Check all that apply.		ore deductions and usions)	Check all that a	pply.	(before deductions and exclusions)
				OAOIC				and oxoldolonoj

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5.	Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.										
	List	each s	source and	the gross inco	me from e	ach source sepa	arately. Do	not include income	that you listed in li	ne 4.	
		No Yes.	Fill in the de	etails.							
					Debtor 1 Sources Describe	of income below.	each (befo	s income from source re deductions and sions)	Debtor 2 Sources of in Describe below		Gross income (before deductions and exclusions)
			1 of curre iled for bar	nt year until nkruptcy:	SSI Ben	efits		\$14,249.00			
			dar year: December	31, 2015 )	SSI Ben	efits		\$18,658.80			
			dar year be December		SSI Ben	efits		\$18,346.80			
Pa	rt 3:	l ist	Certain Pa	yments You	Made Ref	ore You Filed fo	or Bankrur	ntev			
6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defindividual primarily for a personal, family, or household purpose."  □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,4 □ No. □ No. □ Go to line 7.  □ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or					al of \$6,425* or mo	ore?	ne total amount you				
			* Subject	not include	payments	to an attorney fo	or this bank				nd alimony. Also, do
Yes. <b>Debtor 1 or Debtor 2 or both have primarily consumer debts.</b> During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?						?					
			□ No. ■ Yes		each credito	domestic suppor		of \$600 or more an s, such as child sup			creditor. Do not nclude payments to ar
	Creditor's Name and Address				Dates of pay	ment	Total amount paid	Amount you still owe	Was this p	ayment for	
	Nat	talie I	Bobee			September, October, November I	•	\$1,650.00	\$0.00	☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Re ☐ Supplier ☐ Other	ard

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7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen a control, or owner of 20% o	eral partners; partner or more of their voting	erships of which you	ou are a gener iny managing a	al partner; corporations agent, including one for
	■ No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	r this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	account of a d	lebt that benefited an
	■ No					
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	r this payment
	insider 3 Name and Address	bates of payment	paid	still owe		ditor's name
Pa	t 4: Identify Legal Actions, Repossession	no and Faranlasuras				
	List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.	cases, small claims action	s, divorces, collectio	n suits, paternity a	actions, suppo	rt or custody
	Case title	Nature of the case	Court or agency		Status of the	he case
	Case number					
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below.  No. Go to line 11.		erty repossessed, f	oreclosed, garni	shed, attache	d, seized, or levied?
	☐ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	d			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becomes No		luding a bank or fii	nancial institutio	n, set off any	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date	action was	Amount
	Orealtor Hame and Address	Describe the action the	creditor took	take		Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes		erty in the possess	ion of an assigne	ee for the ben	efit of creditors, a
Pai	t 5: List Certain Gifts and Contributions					
Га	List Certain Girts and Contributions					
13.	Within 2 years before you filed for bankrup  No	otcy, did you give any gift	s with a total value	of more than \$60	00 per person	?
	Yes. Fill in the details for each gift.	D. 11 15				
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave jifts	Value
	Person to Whom You Gave the Gift and Address:					

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14.	Within 2 years before you filed for bankru	ıptcy,	did you give any gifts or contribution	ns with a tota	al value of more than	\$600 to any charity?		
	<ul><li>No</li><li>☐ Yes. Fill in the details for each gift or co</li></ul>	ntrihu	tion					
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal	Describe what you contributed		Dates you contributed	Value		
Par	t 6: List Certain Losses							
5.	Within 1 year before you filed for bankrup or gambling?	otcy o	r since you filed for bankruptcy, did y	ou lose any	thing because of thef	t, fire, other disaster		
	■ No							
	☐ Yes. Fill in the details.							
	how the loss occurred	Includ	ribe any insurance coverage for the lose the amount that insurance has paid. L	ist pending	Date of your loss	Value of property lost		
		insura	ince claims on line 33 of Schedule A/B:	Ргорепу.				
Par	t 7: List Certain Payments or Transfers							
	consulted about seeking bankruptcy or p Include any attorneys, bankruptcy petition po  No Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yes.	repare		·	Date payment or transfer was made	Amount of payment		
	Banyon & Scheinbaum, LLC 3077 West Jefferson Street	ou.	\$575 (Attorney Fee) + \$335 (Fil = \$910	ling Fee)		\$910.00		
	Suite 107 Joliet, IL 60435		\$20 Credit Report Fee (Paid Di Agency)	rect to				
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that  No Yes. Fill in the details.	itors	or to make payments to your creditor		or transfer any prope	rty to anyone who		
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.							
	■ No □ Yes. Fill in the details.							
	Person Who Received Transfer		Description and value of	Describe	any property or	Date transfer was		
	Address		property transferred		received or debts	made		
	Person's relationship to you							

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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

Nο

Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it?

Address (Number, Street, City,

Describe the contents

Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

Nο

Yes. Fill in the details.

**Owner's Name** Address (Number, Street, City, State and ZIP Code)

Where is the property? (Number, Street, City, State and ZIP Describe the property

Value

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Debtor 1 **Diane Lee Bronner** 

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

	_	· ·								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.									
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	ort a	II notices, releases, and proceedings th	nat y	ou know about, regardless of wher	the	ey occurred.				
24.	Has	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
		No Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice			
25.	Hav	re you notified any governmental unit of	f any	release of hazardous material?						
		No Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.									
		No Yes. Fill in the details.								
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Pa	rt 11:	Give Details About Your Business or	Con	nections to Any Business						
27.	Witl	hin 4 years before you filed for bankrup	tcy,	did you own a business or have an	y of	f the following connections to an	y business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation									
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		■ No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.									
		siness Name	De	escribe the nature of the business		Employer Identification number				
		dress mber, Street, City, State and ZIP Code)	Na	me of accountant or bookkeeper		Do not include Social Security  Dates business existed	number or IIIN.			

Document Page 42 of 53 Case number (if known) Debtor 1 Diane Lee Bronner 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Diane Lee Bronner Signature of Debtor 2 **Diane Lee Bronner** Signature of Debtor 1 Date Date December 2, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

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Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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			3	
Fill in this inform	mation to identify your	case:		
Debtor 1	Diane Lee Bronne	er		
	First Name	Middle Name	Last Name	
Debtor 2	First Name	Middle None	Loot Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
creditors have leas	ividual filing under cha e claims secured by yo sed personal property a	ur property, or nd the lease has n	ot expired.	
	ever is earlier, unless th		you file your bankruptcy petition or by the date e time for cause. You must also send copies to	
	eople are filing togethened at the form.	in a joint case, bo	th are equally responsible for supplying correc	t information. Both debtors must
	and accurate as possib our name and case nur		s needed, attach a separate sheet to this form. C	On the top of any additional pages,
Part 1: List Yo	our Creditors Who Hav	e Secured Claims		
For any credit information be		art 1 of Schedule D	: Creditors Who Have Claims Secured by Prope	erty (Official Form 106D), fill in the
Identify the cr	editor and the property t	hat is collateral	What do you intend to do with the property the secures a debt?	nat Did you claim the property as exempt on Schedule C?
Creditor's			☐ Surrender the property.	□ No

name: ☐ Retain the property and redeem it. ☐ Yes  $\square$  Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's

Official Form 108

Creditor's

name:

property

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ Surrender the property.

☐ Retain the property and redeem it.

 $\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ No

☐ Yes

□ No

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Debtor 1	Diane Lee Bronner	Case number (if known)		
name:  Description of property securing debt:		<ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>	□ Yes	
in the info	rmation below. Do not list real estate	ty Leases you listed in Schedule G: Executory Contracts and Unexpire leases. Unexpired leases are leases that are still in effect; th ty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(	e lease period has not yet ended.	
Describe	your unexpired personal property lea	ises	Will the lease be assumed?	
Lessor's r Description Property:	on of leased		□ No □ Yes	
Lessor's r Description Property:	on of leased		□ No □ Yes	
Lessor's r Description Property:	on of leased		□ No □ Yes	
Lessor's r Description Property:	on of leased		□ No □ Yes	
Lessor's r Description Property:	on of leased		□ No □ Yes	
Lessor's r Description Property:	on of leased		□ No □ Yes	
	on of leased		□ No	
Under per	Sign Below	dicated my intention about any property of my estate that se	Yes	
X /s/ Diai	Diane Lee Bronner ne Lee Bronner	XSignature of Debtor 2		
Sign Date	e December 2, 2016	Date		

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	<b>7</b> :	Liquidation
Ç	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
g	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-38220 Doc 1 Filed 12/02/16 Entered 12/02/16 21:57:36 Desc Main Document Page 49 of 53

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In 1	re Diane Lee Bronner		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR DI	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered of	or to
	For legal services, I have agreed to accept		\$	575.00	
	Prior to the filing of this statement I have received	[	\$	575.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are mem	bers and associates of my law	firm.
	☐ I have agreed to share the above-disclosed compen- copy of the agreement, together with a list of the na				A
5.	In return for the above-disclosed fee, I have agreed to r	render legal service for all aspec	ts of the bankruptcy	ase, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, sta</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the secured control of the secured creditors to reaffirmation agreements and applications of the secured control of the secured creditors to reaffirmation agreements and applications of the secured control of the secured creditors to reaffirmation agreements and applications of the secured creditors to reaffirmation agreements and applications of the secured creditors to reaffirmation agreements and applications.</li> </ul>	ntement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex- ons as needed; preparation	n may be required; nd any adjourned hea emption planning;	rings thereof; preparation and filing of	
6.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any ad-		g service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	ny agreement or arrangement for	r payment to me for r	epresentation of the debtor(s)	in
	December 2, 2016	/s/ Christina Ban	von		
_	Date	Christina Banyor Signature of Attorno Banyon & Scheir			
		3077 West Jeffer Suite 107			

Joliet, IL 60435

Name of law firm

cbanyon.law@gmail.com

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### **United States Bankruptcy Court** Northern District of Illinois

In re	Diane Lee Bronner		Case No.	
		Debtor(s)	Chapter <b>7</b>	
	VE	ERIFICATION OF CREDITOR M	<b>MATRIX</b>	
		Number of	f Creditors:	23
	The above-named Debtor(s) (our) knowledge.	) hereby verifies that the list of credi	itors is true and correct to t	the best of my
Date:	December 2, 2016	/s/ Diane Lee Bronner Diane Lee Bronner		

Alden of Waterford, LLC 2021 Randi Drive Aurora, IL 60504

AMCA PO Box 1235 Elmsford, NY 10523

ATG Credit PO Box 14895 Chicago, IL 60614

Blitt & Gaines 661 Glenn Avenue Wheeling, IL 60090

Consumer Portfolio Service PO Box 57071 Irvine, CA 92619

Empact Emergency Physicians PO Box 366 Hinsdale, IL 60522

Frontier PO Box 20550 Rochester, NY 14602

Guardian Anesthesia PO Box 95369 Chicago, IL 60694

IC System
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164

Marianjoy Mediccal Group PO Box 83166 Chicago, IL 60691

Morelli & Raval 403 West Galena Blvd Aurora, IL 60506 OSF St. Paul Medical Center 1401 E. 12th Street Mendota, IL 61342

Pathology Assoc. of Aurora 5700 Southwyck Blvd Toledo, OH 43614

Quest Diagnostics PO Box 740397 Cincinnati, OH 45274

Ridge Ambulance 1851 Aucutt Road Montgomery, IL 60538

Rush Copley Patient Financial Services PO Box 129 Lombard, IL 60148

Rush Copley Patient Financial Services 2000 Ogden Avenue Aurora, IL 60507

Rush Copley Medical Center ATTN: Business Office 2000 Ogden Avenue Aurora, IL 60504

Rush Copley Medical Center PO Box 352 Aurora, IL 60507

Rush Copley Medical Center PO Box 2091 Aurora, IL 60507

Thomas Chase 574 N. McLean Blvd 2b Elgin, IL 60123

Valley Imaging PO Box 371863 Pittsburgh, PA 15250

White, Marsh, Anderson, Martin 511 East Etna Road Ottawa, IL 61350